Fill	in this information to identify your	case:						
Del	otor 1 Tanika Da	/is						
	otor 2 							
Uni	ted States Bankruptcy Court for the	ne: EASTERN DISTRICT	OF PENNSYLVANIA					
Cas	se number 19-15607			Check if this is:				
(If kr	nown)		_	■ An amended filing				
				A supplement showing postpetition chapter 13 income as of the following date:				
0	fficial Form 106I			MM / DD/ YYYY				
S	chedule I: Your Inc	come		12/15				
	t 1: Describe Employmen		ional pages, write your name and	case number (if known). Answer every question.				
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse				
	If you have more than one job,	Employment status	■ Employed	■ Employed				
	attach a separate page with information about additional	Zimproyimoni otatao	☐ Not employed	☐ Not employed				
	employers.	Occupation	Social Service Ind Contrac	or				
	Include part-time, seasonal, or self-employed work.	Employer's name						
	Occupation may include studen or homemaker, if it applies.	Employer's address						
		How long employed t	here?					
Pai	t 2: Give Details About M	onthly Income						
	mate monthly income as of the use unless you are separated.	date you file this form. If	you have nothing to report for any	ne, write \$0 in the space. Include your non-filing				
,	u or your non-filing spouse have i e space, attach a separate sheet		ombine the information for all emplo	yers for that person on the lines below. If you need				
				For Debtor 1 For Debtor 2 or				

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

			non-	non-filing spouse				
2.	\$	3,614.00	\$	3,564.00				
3.	+\$	0.00	+\$	0.00				
4.	\$	3,614.00	\$	3,564.00				

Official Form 106I Schedule I: Your Income page 1

Debt	or 1	Tanika Davis		C	ase number ( <i>if ki</i>	nown)	19-1560	)7	
				ı	For Debtor 1			btor 2 or	
	Cop	by line 4 here	4.	3	\$ 3,614	1.00	\$	3,564.00	)
5.	Lice								_
Э.		tall payroll deductions:	E0	,	\$ (		¢	0.00	
	5a. 5b.	Tax, Medicare, and Social Security deductions  Mandatory contributions for retirement plans	5a. 5b.		·	0.00	\$	0.00	_
	5c.	Voluntary contributions for retirement plans	5c.		: ———·	0.00	\$	0.00	_
	5d.	Required repayments of retirement fund loans	5d.		: ———	0.00	\$	0.00	
	5e.	Insurance	5e.	. ;	. —	0.00	\$	0.00	_
	5f.	Domestic support obligations	5f.	,	\$ (	0.00	\$	0.00	)
	5g.	Union dues	5g.			0.00	\$	0.00	_
	5h.	Other deductions. Specify:	_ 5h.	.+ \$	\$(	0.00	+ \$	0.00	<u>)                                    </u>
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	5	0.00	\$	0.00	<u>)                                    </u>
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,614	1.00	\$	3,564.00	<u>)                                    </u>
8.	List 8a.	t all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a.	. ;	\$	0.00	\$	0.00	)
	8b.	Interest and dividends	8b.	. ;	\$	0.00	\$	0.00	<u> </u>
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$		\$	0.00	
	8d.	Unemployment compensation	8d.		·	0.00	\$	0.00	_
	8e.	Social Security	8e.		·	0.00	\$	0.00	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.	;	\$	0.00	\$	0.00	_ <u>)</u>
	8g.	Pension or retirement income	8g.		·	0.00	\$	0.00	_
	8h.	Other monthly income. Specify:	_ 8h.	.+ :	\$	0.00	+ \$	0.00	<u> </u>
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	(	0.00	\$	0.0	00
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	3,614.00	+ \$	3,564	.00 = \$	7,178.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L		,				
11.	I. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00								
12.		d the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certailies					a, if it	12. \$Combi	7,178.00
10	D-	you expect an increase or degrees within the year after you file this farms	2					month	ly income
13.		you expect an increase or decrease within the year after you file this form  No.  Yes. Explain:	•						